

## SMALL INTESTINE (SI); COMBINED SMALL INTESTINE-LIVER (SI/L); AND MULTIVISCERAL TRANSPLANTATION

ISSUE DATE: December 3, 1997

AUTHORITY: [32 CFR 199.4\(e\)\(5\)](#)

---

### I. CPT<sup>1</sup> PROCEDURE CODES

44132, 44133, 44135, 44136

### II. HCPCS PROCEDURE CODES

S2053, S2054, S2055

### III. POLICY

A. Benefits are allowed for SI and SI/L, and multivisceral transplantation.

1. A TRICARE Prime enrollee must have a referral from his/her Primary Care Manager (PCM) and an authorization from the Health Care Finder (HCF) before obtaining transplant-related services. If network providers furnish transplant-related services without prior PCM referral and HCF authorization, penalties will be administered according to TRICARE network provider agreements. If Prime enrollees receive transplant-related services from non-network civilian providers without the required PCM referral and HCF authorization, Managed Care Support (MCS) contractors shall reimburse charges for the services on a Point of Service basis. Special cost-sharing requirements apply to Point of Service claims.

2. For Standard and Extra patients residing in a Managed Care Support (MCS) region, preauthorization authority is the responsibility of the MCS Medical Director, Health Care Finder or other designated utilization staff.

B. SI transplantation is covered when the transplantation is performed at a TRICARE-certified SI transplantation center or TRICARE-certified pediatric consortium SI transplantation center or Medicare-certified SI transplantation center for pediatric patients under the age of 16 who:

1. Are suffering from irreversible intestinal failure, either functional or anatomic, requiring long term parenteral nutrition.

---

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2004 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

2. Have tried or considered all other medically appropriate medical and surgical therapies that might have been expected to yield both short and long-term survival comparable to that of transplantation.

3. Have a parent or legal guardian who have a realistic understanding of the range of clinical outcomes that may be encountered; and

4. Plans for long-term adherence to a disciplined medical regimen are feasible and realistic.

C. Combined SI/L Transplantation is covered when the transplantation is performed at a TRICARE-certified transplantation center or TRICARE-certified pediatric consortium SI/L transplantation center or Medicare-certified SI transplantation center for pediatric and adult patients who:

1. Have presence of end-stage parenteral nutrition induced liver disease; and

2. Meet the above patient selection criteria for SI transplantation and the patient selection criteria for liver transplantation.

NOTE: Small intestine-transplantation-alone is restricted to pediatric patients under the age of 16. Combined small-intestine/liver transplantation is covered for pediatric and adult patients who meet patient selection criteria.

D. Multivisceral Transplantation is covered when the transplantation is performed at a TRICARE-certified transplantation center or TRICARE-certified pediatric consortium SI/L transplantation center or Medicare-certified SI transplantation center for pediatric and adult patients who:

1. Have short bowel syndrome and have evidence of severe liver dysfunction and/or have other gastrointestinal problems such as pancreatic failure, thromboses of the celiac axis and the superior mesenteric artery or pseudo-obstruction affecting the entire gastrointestinal tract.

2. Have tried or considered all other medically appropriate medical and surgical therapies that might have been expected to yield both short and long-term survival comparable to that of transplantation.

3. Pediatric patients have a parent or legal guardian who have a realistic understanding of the range of clinical outcomes that may be encountered for pediatric patients and adult patients have a realistic understanding of the range of clinical outcomes that may be encountered;

4. Plans for long-term adherence to a disciplined medical regimen are feasible and realistic.

E. Donor selection criteria:

1. For SI transplantation, Cytomegalovirus (CMV) seronegative donors shall be used.

2. For combined SI/L transplantation, CMV seropositive donors will be allowed secondary to CMV seronegative donors if there is a shortage of organs available.

F. Services and supplies related to SI, combined SI/L, and multivisceral transplantation are covered for:

1. Evaluation of a potential candidate's suitability for SI, combined SI/L, and multivisceral transplantation whether or not the patient is ultimately accepted as a candidate for transplantation.

2. Pre- and post-transplantation inpatient hospital and outpatient services.

3. Surgical services and related pre- and postoperative services of the transplantation team.

4. The donor acquisition team, including the costs of transportation to the location of the donor organ and transportation of the team and the donated organ to the location of the transplantation center.

5. The maintenance of the viability of the donor organ after all existing legal requirements for excision of the donor organ have been met.

6. Donor costs.

7. Blood and blood products.

8. FDA approved immunosuppression drugs to include off-label uses when reliable evidence documents that the off-label use is safe, effective and in accordance with nationally accepted standards of practice in the medical community (proven).

9. Complications of the transplantation procedure, including inpatient care, management of infection and rejection episodes.

10. Periodic evaluation and assessment of the successfully transplanted patient.

11. Hepatitis B and pneumococcal vaccines for patients undergoing transplantation.

12. DNA-HLA tissue typing in determining histocompatibility.

13. Transportation of the patient by air ambulance and the services of a certified life support attendant.

#### IV. POLICY CONSIDERATIONS

A. For beneficiaries who fail to obtain preauthorization for SI, combined SI/L, or multivisceral transplantation, TRICARE benefits may be extended if the services or supplies otherwise would qualify for benefits but for the failure to obtain preauthorization. If preauthorization is not received, the appropriate preauthorizing authority is responsible for reviewing the claims to determine whether the beneficiary's condition meets the clinical criteria for the SI, combined SI/L, or multivisceral transplantation benefit. Charges for

transplant and transplant-related services provided to TRICARE Prime enrollees who failed to obtain PCM referral and HCF authorization will be reimbursed only under Point of Service rules.

B. Benefits will only be allowed for transplants performed at a TRICARE-certified SI or combined SI/L transplantation center or Medicare-certified SI transplantation center. Benefits are also allowed for transplants performed at a pediatric facility that is TRICARE-certified as a SI or combined SI/L transplantation center on the basis that the center belongs to a pediatric consortium program whose combined experience and survival data meet the TRICARE criteria for certification. The contractor is the certifying authority for transplant centers within its region. Refer to [Chapter 10, Section 7.1](#) for organ transplant center certification requirements.

C. Effective for admissions on or after October 1, 2001, SI, SI/L, and multivisceral transplantations shall be reimbursed under the assigned DRG based on the patient's diagnosis. Claims for admissions prior to October 1, 2001, shall be reimbursed based on billed charges.

D. Claims for transportation of the donor organ and transplantation team shall be adjudicated on the basis of billed charges, but not to exceed the transport service's published schedule of charges, and cost-shared on an inpatient basis. Scheduled or chartered transportation may be cost-shared.

E. Charges made by the donor hospital will be cost-shared on an inpatient basis and must be fully itemized and billed by the transplantation center in the name of the TRICARE patient.

F. Acquisition and donor costs are not considered to be components of the services covered under the DRG and will be reimbursed based on billed charges. These costs must be billed separately on a standard UB-92 claim form in the name of the TRICARE patient.

G. When a properly preauthorized transplantation candidate is discharged less than 24 hours after admission because of extenuating circumstances, such as the available organ is found not suitable or other circumstances which prohibit the transplantation from being timely performed, all otherwise authorized services associated with the admission shall be cost-shared on an inpatient basis, since the expectation at admission was that the patient would remain more than 24 hours.

H. SI, SI/L, or multivisceral transplants performed on an emergency basis in an unauthorized SI or SI/L transplant facility may be cost shared only when the following conditions have been met:

1. The authorized center must consult with the nearest TRICARE-certified SI or SI/L transplantation center or Medicare certified SI transplantation center regarding the transplantation case; and

2. It must be determined and documented by the transplant team physician(s) at the certified SI or SI/L transplantation center that transfer of the patient (to the certified SI or SI/L transplantation center) is not medically reasonable, even though transplantation is feasible and appropriate.

**V. EXCLUSIONS**

A. SI transplantation is excluded when any of the following contraindications exist:

1. Significant cardiopulmonary insufficiency.
2. History or presence of aggressive and/or incurable malignancy.
3. Persistent abdominal or systemic infection.
4. Severe autoimmune disease.
5. Severe immunodeficiency disease.
6. Significant alcohol and/or drug abuse.

B. Combined SI/L and multivisceral transplantation is excluded when:

1. Any of the above contraindications for SI transplantation exist; and/or
2. Any of the contraindications for liver transplantation exist.

C. Also excluded are:

1. Expenses waived by the transplantation center (e.g., beneficiary/sponsor not financially liable).
2. Services and supplies not provided in accordance with applicable program criteria (i.e., part of a grant or research program; unproven procedure).
3. Administration of an unproven immunosuppressant drug that is not FDA approved or has not received approval as an appropriate "off-label" drug indication.
4. Pre- or post-transplantation nonmedical expenses (e.g., out-of-hospital living expenses, to include hotel, meals, privately owned vehicle for the beneficiary or family members).
5. Transportation of an organ donor.

**VI. EFFECTIVE DATES**

A. January 1, 1996, for small intestine and combined small intestine-liver transplants.

B. February 1, 1998, for multivisceral transplants.

- END -

